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COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
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Bib Data Sheet

CONFIRMATION NO. 8637

<b>SERIAL NUMBER</b> 09/888,272	<b>FILING DATE</b> 06/21/2001 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> 258/301
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**APPLICANTS**  
 Lone Wolinsky, Ramat Gan, ISRAEL;  
 Eyal Doron, Kiriat-Yam, ISRAEL;  
 Alon Ben-Yoseph, Haifa, ISRAEL;  
 Avi Penner, Tel-Aviv, ISRAEL;

**\*\* CONTINUING DATA \*\*\*\*\***  
 THIS APPLICATION IS A CIP OF 09/690,615 10/16/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 08/17/2001

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> ISRAEL	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 60	<b>INDEPENDENT CLAIMS</b> 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

**ADDRESS**  
22249

**TITLE**  
Implantable pressure sensors and methods for making and using them

<b>FILING FEE RECEIVED</b> 755	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit



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**\*\* CONTINUING DATA \*\*\*\*\***

or This application is a CIP of 09/690,615 10/16/2000 *pat 13 6628989*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 08/17/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> ISRAEL	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 60	<b>INDEPENDENT CLAIMS</b> 4
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**

23639

**TITLE**

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<b>FILING FEE RECEIVED</b> 755	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. r time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit